

**SHIPPING ADDRESS**

Title

First Name\*

Last Name\*

Street Address\*

City\*

State / Province\*

Zip / Postal Code\*

Country\*

Telephone\*

E-Mail\*

Patient Name / ID:\*

**INVOICE ADDRESS**

same as shipping address

Title

First Name\*

Last Name\*

Street Address\*

City\*

State / Province\*

Zip / Postal Code\*

Country\*

Telephone\*

E-Mail\*

**INTENDED IMPLANT POSITION**

Please indicate the intended implant position(s) and tooth extraction site(s)

= FDI

= ADA

= Tooth Extraction

= Implant Position\*



18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38



**IMPLANTS**

Implant Manufacturer:\*

Implant System:\*

**SURGERY INFORMATION\***

Are you using a fully guided surgical system (Kit)?

Yes Which system?

No Which standard drill(s) (Kit)?

Drill diameter? mm Drill length? mm

Raised Flap Procedure

Bone graft during surgery intended

Additional Notes (e.g. dental history, sinus lift, bone splitting.....):

I herewith accept the General Terms & Conditions of SICAT GmbH & Co. KG in their current version\*

Date:

Signature:

\* = required field